



COURSE APPROVAL REQUEST FORM

109 Governor St.
Madison Bldg., Suite UB-55
Richmond, Virginia 23219
1-800-523-6019 (VA only)
804-864-7600
FAX: 804-864-7580

TYPE OF PROGRAM: (CHECK ONE APPROPRIATE BOX)

- | | | |
|--|---|---|
| <input type="checkbox"/> First Responder Basic | <input type="checkbox"/> Shock Trauma Basic | <input type="checkbox"/> EMT-Enhanced Basic |
| <input type="checkbox"/> First Responder Refresher | <input type="checkbox"/> S-T Bridge to EMT-C | <input type="checkbox"/> EMT-E Bridge to EMT-I |
| <input type="checkbox"/> First Responder Required Topics | <input type="checkbox"/> EMT-Cardiac – Basic | <input type="checkbox"/> EMT-Intermediate Basic |
| <input type="checkbox"/> EMT – Basic | <input type="checkbox"/> EMT-Intermediate – Bridge to Paramedic | |
| <input type="checkbox"/> EMT – Refresher | <input type="checkbox"/> RN Bridge to Paramedic | |
| <input type="checkbox"/> EMT – Required Topics | <input type="checkbox"/> Paramedic – Basic | |
| <input type="checkbox"/> *BLS CE Program _____ | <input type="checkbox"/> *ALS CE Program _____ | |
| <input type="checkbox"/> *Other: _____ | | |

* Attach course outline listing subject "AREA" and lesson length for custom CE programs not using standard OEMS CE Modules.

COURSE COORDINATOR INFORMATION - PRINT

NAME: _____ CERT #: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PHONE #: HOME: (____) _____ - _____ BUSINESS: (____) _____ - _____ OTHER (____) _____ - _____

NAME OF ASSISTING INSTRUCTOR AUTHORIZED TO RECEIVE COURSE INFORMATION: _____

PROGRAM LOCATION - PRINT

FACILITY: _____

FOR INFORMATION STUDENTS CAN
CALL:
(____) _____ - _____

FACILITY ADDRESS: _____

BLDG/ROOM: _____

CITY: _____ ST: _____ ZIP: _____

STATE USE ONLY

FIPS

PROGRAM INFORMATION -

MAXIMUM NUMBER OF STUDENTS: _____

PROGRAM LENGTH: _____ (HOURS)

OPEN / CLOSED: _____

TOTAL CE HOURS REQUESTED: _____

BEGIN DATE: ____/____/____
MONTH DAY YEAR

END DATE: ____/____/____
MONTH DAY YEAR

DAYS COURSE MEETS

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | |

30 DAYS ADVANCE NOTICE OF
PLANNED COURSE IS REQUIRED
TO INSURE DELIVERY OF
MATERIALS

EXAM SITE REGISTRATION **MUST** BE CONFIRMED WITH
THE LOCAL REGIONAL COUNCIL OFFICE.

REIMBURSEMENT:

☐ YES

ALS GRANT NUMBER:

☐ NO

TIME CLASS MEETS: START TIME: ____: ____ AM PM END TIME: ____: ____ AM PM

CLASSROOM LOCATION: _____

NOTE - THIS ORIGINAL FORM MUST BE SUBMITTED TO OEMS - FAXES ARE NOT ACCEPTABLE

OMD / PCD SIGNATURE: _____

OMD / PCD #: _____

APPROVED MEDICAL DIRECTOR'S SIGNATURE IS REQUIRED FOR ALL OEMS CERTIFICATION COURSES AND ALL COURSES AWARDED CATEGORY 1(REQUIRED) TOPICS.

COURSE COORDINATOR: _____

DATE: ____ - ____ - ____
MONTH DAY YEAR

OFFICE OF EMS USE ONLY:

Course #: _____

Topic: _____

Subject: _____

EMS Notified Date: _____

Reimbursement Requested: _____

Reimbursement Approved: _____

Office Approval: _____

Date: _____

**Commonwealth of Virginia
Contract for Basic Life Support Course Coordination**

This CONTRACT entered into this _____ day of _____, 20____

by _____ hereafter called the "CONTRACTOR" and the Office of Emergency Medical Services, hereinafter called the "PURCHASING AGENCY".

WITNESSETH that the Contractor and the Purchasing Agency, in consideration of promises and of the mutual covenants, consideration and agreements herein contained, agree as follows:

SCOPE OF SERVICES: The Contractor shall provide the Purchasing Agency with the services required by 12VAC5 (Chapter 30 or 31 as applicable) of state regulations and Office of EMS policies for the position of EMT-Instructor/BLS Course Coordinator. The contracted course as specified in Office of EMS policy shall be conducted for the designated number of hours based upon a standard rate of \$20.00 per hour or on a prorated basis determined by course enrollment levels. The Contractor shall coordinate student scheduling and registration for Consolidated Test Sites made available by the Purchasing Agency.

SELF EMPLOYMENT: The Contractor will perform as an independent contractor, is self-employed, and therefore is responsible for payment of any and all taxes to which he or she may be subject and will accrue no benefits from the State.

SUPPLEMENTAL PAYMENTS OR FEES: The Contractor must disclose any supplemental payments or reimbursement received and any tuition, enrollment or institutional fees charged students for taking the course. The amount of these payments or fees may be reason for denial of reimbursement payment.

SUPPLEMENTAL PAYMENT HAS BEEN ARRANGED TO BE PROVIDED BY THE:

IN THE TOTAL AMOUNT OF: \$ _____

STUDENT COURSE FEES ARE BEING CHARGED IN THE AMOUNT OF: \$ _____ **per student**

DISPUTES: Disputes arising under this Contract will be governed by the provisions of Chapter 11 of the Agency Procurement and Surplus Property Manual, DGS, September 1998. (Including all revisions current at time of contract acceptance.)

HOLD HARMLESS: The Contractor agrees to indemnify, defend, and hold harmless the Commonwealth of Virginia, its officers, agents and employees from any claims, damages and actions or any kind or nature, whether at law or non-performance under this Contract.

TERMINATION: This Contract may be canceled by either party by giving a thirty (30) day written notice to the other, or this Contract shall be canceled automatically in the event sufficient funds are not appropriated for the purpose of continuation of this agreement or if the Contractor is found to be in violation of state regulations governing the conduct of the contracted course.

IN WITNESS THEREOF, the parties have caused this Contract to be duly executed intending to be bound thereby.

Contractor:

Purchasing Agent:

BY: _____

BY: _____

(Office of EMS)

DATE: ____ - ____ - ____
MONTH DAY YEAR

DATE: ____ - ____ - ____
MONTH DAY YEAR